

Application Number: 09/774,147
Amendment Dated 6/30/2005
Supplemental Amendment of Claims

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Page 1 of 9

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 09/774,147

Applicant: James Martin Billings

Filed: 01/30/2001

Group Art Unit: 3624

Examiner: Dr. Narayanswamy Subramanian

For: A METHOD AND SYSTEM FOR PROVIDING DOWNSIDE PROTECTION OF
STOCK MARKET INVESTMENTS

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please enter the attached supplemental amended claims, and consider the
following remarks:

Introductory Comments:

Included in this amendment document beginning on page 2 are the supplemental
amended claims. Applicant requests that you enter the amended claims and consider the
following remarks.

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PTO/SB/07 (08-04)

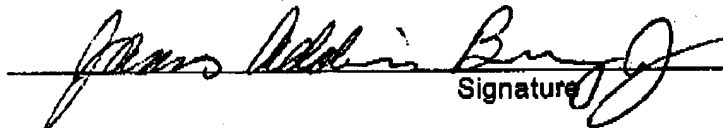
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Transmittal Form PTO/SB/21 1 page

Supplemental Amendment of Claims Document 9 pages

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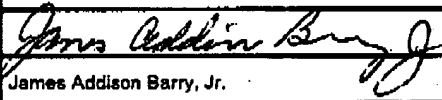
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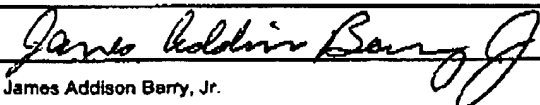
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/774,147	
	Filing Date	01/30/01	
	First Named Inventor	James Martin Billings	
	Art Unit	3824	
	Examiner Name	Narayanawany Subramanian	
Total Number of Pages in This Submission	10	Attorney Docket Number	65L

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply 9 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	James Addison Barry, Jr.		
Signature			
Printed name	James Addison Barry, Jr.		
Date	30 June 2005	Reg. No.	44,524

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Typed or printed name	James Addison Barry, Jr.
Date	30 June 2005

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